

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Gloucester County Improvement Authority County: Gloucester
Employee Organization: HSW - DREAM PARK Employees in Unit: 16
Base Year Contract Term: 1-1-11 12-31-13 New Contract Term: _____
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	<u>1195025.42</u>	<u>505128.00</u>
Item 2	Increment		<u>0</u>
Item 3	Longevity		<u>0</u>
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet Additional Items			
Section III: Totals - sum of costs in each column		(Total)	(Total) <u>505128.00</u>

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year agreement: 0 (Inaugural CBA)

Effective Date (m/d/yyyy)	1-1-11	1-1-12	1-1-13		
Percent Increase	<u>2%</u>	<u>2%</u>	<u>2%</u>		
Total cost of increase	<u>10102.56</u>	<u>10304.61</u>	<u>10510.70</u>		
Total base salary (successor agreement)	<u>505128.00</u>	<u>515432.61</u>	<u>525943.31</u>		

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2%
Dollar Impact (average per year over term of agreement) 10305

Section VI

Health Insurance Benefits could be provided on each line

	Base Year	Year 1			
Cost of Health Plan	<u>113345</u>	<u>116178</u>			
Employee Contributions		<u>3943.20</u>			
Prescription					
Dental					
Vision					

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.